

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004951

STATE FILE NUMBER

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 199

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN JEFFERSON BARRACKSLength of stay in 1b
687 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VETERANS ADMINISTRATIONInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. LOUIS

admission)

c. CITY
OR
TOWN

KIRKWOOD

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
12451 W. BIG BENDReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

D.

Last

MORIARITY

4. DATE
OF
DEATH

Month

JANUARY

Day

13,

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-7-96

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
GLAZER10b. KIND OF BUSINESS OR INDUSTRY
GLASS COMPANY11. BIRTHPLACE (City and state or country)
INDIANAPOLIS, IND12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WILLIAM D. MORIARITY

13b. MOTHER'S MAIDEN NAME

LAURA FLICKENGER

14. NAME OF HUSBAND OR WIFE

LYTHA R. MORIARITY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)
YES(If yes, give war or dates of service)
WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

#2.

LYTHA R MORIARITY, WIFE, SAME ADDRESS AS

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

TUBERCULOSIS, FAR ADVANCED, ACTIVE

INTERVAL BETWEEN
ONSET AND DEATH
2 YEARSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PULMONARY FAILURE, ACUTE

SUDDEN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-21-60to 1-13-62Death occurred at 4:15 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

RICHARD E. DANIELS MD

22b. ADDRESS

VAH JEFFERSON BARRACKS, MISSOURI

22c. DATE SIGNED

1-13-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

Jan. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE CEMETERY

23d. LOCATION (City, town, or county)

LEMAY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pfitzinger

Kirkwood, Mo.

25. DATE RECD. BY LOCAL REG.

1-15-62

26. REGISTRAR'S SIGNATURE

John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bene Hoffman

Licensed Embalmer No. 4366

P. O. Address Spencer, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.